

Evidence Based Services Committee - Codebook

Intervention Strategies

Please place a mark (X, ✓) to the left of any intervention strategies identified in the intervention protocol. There is no limit to how many may be checked. If strategies were employed that are not in the following list of definitions, please mark the “other” box and write in the name of the strategy used.

Definitions of Intervention Strategies

1. **Activity Scheduling** - The assignment or request that a child participate in specific activities outside of therapy time, with the goal of promoting or maintaining involvement in satisfying and enriching experiences.
2. **Assertiveness Training**-Exercises or techniques designed to promote the child’s ability to be assertive with others, usually involving rehearsal of assertive interactions.
3. **Biofeedback/ Neurofeedback**-Strategies to provide information about physiological activity that is typically below the threshold of perception, often involving the use of specialized equipment.
4. **Catharsis**-Strategies designed to bring about the release of intense emotions, with the intent to develop mastery of affect and conflict.
5. **Cognitive/Coping**-Any techniques designed to alter interpretation of events through examination of the child’s reported thoughts, typically through the generation and rehearsal of alternative counter-statements. This can sometimes be accompanied by exercises designed to comparatively test the validity of the original thoughts and the alternative thoughts through the gathering or review of relevant information.
6. **Commands/Limit Setting**-Training for caretakers in how to give directions and commands in such a manner as to increase the likelihood of child compliance.
7. **Communication Skills**-Training for youth or caretakers in how to communicate more effectively with others to increase consistency and minimize stress. Can include a variety of specific communication strategies (e.g., active listening, “I” statements).
8. **Crisis Management**-Immediate problem solving approaches to handle urgent or dangerous events. This might involve defusing an escalating pattern of behavior and emotions either in person or by telephone, and is typically accompanied by debriefing and follow-up planning.
9. **Directed Play**-Exercises involving the youth and caretaker playing together in a specific manner to facilitate their improved verbal communication and nonverbal interaction. Can involve the caretaker’s imitation and participation in the youth’s activity, as well as parent-directed play.
10. **Educational Support**-Exercises designed to assist the child with specific academic problems, such as homework or study skills. This includes tutoring.

11. **Emotional Processing**-A program based on an information processing model of emotion that requires activation of emotional memories in conjunction with new and incompatible information about those memories.
12. **Exposure**-Techniques or exercises that involve direct or imagined experience with a target stimulus, whether performed gradually or suddenly, and with or without the therapist's elaboration or intensification of the meaning of the stimulus.
13. **Eye Movement/ Tapping**-A method in which the youth is guided through a procedure to access and resolve troubling experiences and emotions, while being exposed to a therapeutic visual or tactile stimulus designed to facilitate bilateral brain activity.
14. **Family Engagement**-The use of skills and strategies to facilitate family or child's positive interest in participation in an intervention.
15. **Family Therapy**-A set of approaches designed to shift patterns of relationships and interactions within a family, typically involving interaction and exercises with the youth, the caretakers, and sometimes siblings.
16. **Free Association**-Technique for probing the unconscious in which a person recites a running commentary of thoughts and feelings as they occur.
17. **Functional Analysis**-Arrangement of antecedents and consequences based on a functional understanding of a youth's behavior. This goes beyond straightforward application of other behavioral techniques.
18. **Guided Imagery**-Visualization or guided imaginal techniques for the purpose of mental rehearsal of successful performance. Guided imagery for the purpose of physical relaxation (e.g., picturing calm scenery) is not coded here, but rather coded under relaxation (#42).
19. **Hypnosis**-The induction of a trance-like mental state achieved through suggestion.
20. **Ignoring or Differential Reinforcement of Other Behavior**-The training of parents or others involved in the social ecology of the child to selectively ignore mild target behaviors and selectively attend to alternative behaviors.
21. **Insight Building**-Activity designed to help a youth achieve greater self-understanding.
22. **Interpretation**-Reflective discussion or listening exercises with the child designed to yield therapeutic interpretations. This does not involve targeting specific thoughts and their alternatives, which would be coded as cognitive/coping.
23. **Line of Sight Supervision**-Direct observation of a youth for the purpose of assuring safe and appropriate behavior.
24. **Maintenance/Relapse Prevention**-Exercises and training designed to consolidate skills already developed and to anticipate future challenges, with the overall goal to minimize the chance that gains will be lost in the future
25. **Marital Therapy**-Techniques used to improve the quality of the relationship between caregivers.
26. **Medication/ Pharmacotherapy**-Any use of psychotropic medication to manage emotional, behavioral, or psychiatric symptoms.

27. **Mentoring**-Pairing with a more senior and experienced individual who serves as a positive role model for the identified youth.
28. **Milieu Therapy**-A therapeutic approach in residential settings that involves making the environment itself part of the therapeutic program. Often involves a system of privileges and restrictions such as a token or point system.
29. **Mindfulness**-Exercises designed to facilitate present-focused, non-evaluative observation of experiences as they occur, with a strong emphasis of being “in the moment.” This can involve the youth’s conscious observation of feelings, thoughts, or situations.
30. **Modeling**-Demonstration of a desired behavior by a therapist, confederates, peers, or other actors to promote the imitation and subsequent performance of that behavior by the identified youth.
31. **Motivational Interviewing**-Exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or a variety of other approaches.
32. **Natural and Logical Consequences**-Training for parents or teachers in (a) allowing youth to experience the negative consequences of poor decisions or unwanted behaviors, or (b) delivering consequences in a manner that is appropriate for the behavior performed by the youth.
33. **Parent Coping**-Exercises or strategies designed to enhance caretakers’ ability to deal with stressful situations, inclusive of formal interventions targeting one or more caretaker.
34. **Parent-Monitoring**-The repeated measurement of some target index by the caretaker.
35. **Parent Praise**-The training of parents or others involved in the social ecology of the child in the administration of social rewards to promote desired behaviors. This can involve praise, encouragement, affection, or physical proximity.
36. **Peer Modeling/Pairing**-Pairing with another youth of same or similar age to allow for reciprocal learning or skills practice.
37. **Play Therapy**-The use of play as a primary strategy in therapeutic activities. This may include the use of play as a strategy for clinical interpretation. Different from Directed Play (#9), which involves a specific focus on modifying parent-child communication. This is also different from play designed specifically to build relationship quality (#41).
38. **Problem Solving**-Techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner.
39. **Psychoeducational-Child**-The formal review of information with the child about the development of a problem and its relation to a proposed intervention.
40. **Psychoeducational-Parent**-The formal review of information with the caretaker(s) about the development of the child’s problem and its relation to a proposed intervention. This often involves an emphasis on the caretaker’s role in either or both.
41. **Relationship/Rapport Building**-Strategies in which the immediate aim is to increase the quality of the relationship between the youth and the therapist. Can include play, talking, games, or other activities.

42. **Relaxation**-Techniques or exercises designed to induce physiological calming, including muscle relaxation, breathing exercises, meditation, and similar activities. Guided imagery exclusively for the purpose of physical relaxation is also coded here.
43. **Response Cost**-Training parents or teachers how to use a point or token system in which negative behaviors result in the loss of points or tokens for the youth.
44. **Response Prevention**-Explicit prevention of a maladaptive behavior that typically occurs habitually or in response to emotional or physical discomfort.
45. **Self-Monitoring**-The repeated measurement of some target index by the child.
46. **Self-Reward/Self-Praise**-Techniques designed to encourage the youth to self-administer positive consequences contingent on performance of target behaviors.
47. **Skill Building**-The practice or assignment to practice or participate in activities with the intention of building and promoting talents and competencies.
48. **Social Skills Training**-Providing information and feedback to improve interpersonal verbal and non-verbal functioning, which may include direct rehearsal of the skills. If this is paired with peer pairing (#36), that should be coded as well.
49. **Stimulus/Antecedent Control**-Strategies to identify specific triggers for problem behaviors and to alter or eliminate those triggers in order to reduce or eliminate the behavior.
50. **Supportive Listening**-Reflective discussion with the child designed to demonstrate warmth, empathy, and positive regard, without suggesting solutions or alternative interpretations.
51. **Tangible Rewards**-The training of parents or others involved in the social ecology of the child in the administration of tangible rewards to promote desired behaviors. This can involve tokens, charts, or record keeping, in addition to first-order reinforcers.
52. **Therapist Praise/Rewards**-The administration of tangible (i.e. rewards) or social (e.g., praise) reinforcers by the therapist.
53. **Thought Field Therapy**-Techniques involving the tapping of various parts of the body in particular sequences or "algorithms" in order to correct unbalanced energies, known as thought fields.
54. **Time Out**-The training of or the direct use of a technique involving removing the youth from all reinforcement for a specified period of time following the performance of an identified, unwanted behavior.
55. **Twelve-step Programming**-Any programs that involve the twelve-step model for gaining control over problem behavior, most typically in the context of alcohol and substance use, but can be used to target other behaviors as well.